

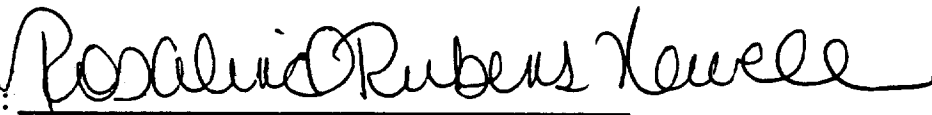
01-*R*-0762

Entered - 4-10-00 - sb
CL - 0010208 - ALEXIS HOLMES

CLAIM OF: **TONYA MCCLENDON**
192 a Degress Avenue, NE
Atlanta, Georgia 30307

For damages alleged to have been sustained as a result of a vehicular
accident on November 19, 1999 at Degress Avenue, NE.

THIS ADVERSE REPORT IS APPROVED

BY: 

ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0208

Date: 5/03/01

Claimant /Victim TONYA MCCLENDON

BY: (Atty) _____

Address: 192 A Degress Avenue, NE Atlanta, Georgia 30307

Subrogation: _____ Claim for Property damage \$ 381.14 Bodily Injury \$ _____

Date of Notice: 3/23/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 11/19/99 Place: Degress Avenue, NE

Department Public Works Division: Solid Waste

Employee involved Unknown Disciplinary Action: None

NATURE OF CLAIM: The claimant alleges that a City vehicle struck her parked vehicle causing damages in the above amount. The employees that work the route where the incident allegedly occurred deny that they struck her vehicle, there are no witnesses to the incident and no other evidence to support the claimant's allegations.

INVESTIGATION:

Statements: City employee X Claimant X Other _____ Written X Oral _____

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

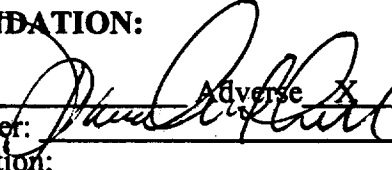
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 05-04/01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

Dear Municipal Clerk:

RE: CLAIM FOR DAMAGES

Today's Date: 3/22/00

03-23-00 P04:40 IN

ENTERED - 4-10-00 - SB
00L0208 - DOBBS JORDAN

JORDAN
04/04/00
Dr

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 381.14 property and/or \$ N/A bodily injury for which I contend the City is liable.

1. Date of incident: 11/15/1999
(month/day/year)

2. Police called: X
Yes No

3. Location of incident: DEGRESS AVENUE, NE, ATLANTA, GEORGIA

4. Name of your insurance company: GEICO Policy No. BO-46-00

5. State what and how incident occurred: MY CAR WAS STRUCK, WHILE PARKED, BY A RUBBISH TRUCK

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: MAZDA 626 1998 3860NEH TONYA MCKENNON
(make) (year) (tag number) (driver's name)

City vehicle: _____
(make) (City driver's name) (department/bureau)

Witness: TONYA MCKENNON 192-A DEGRESS AVE 4046887473
(name) (address) (telephone number)

The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employees).

This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

TONYA MCKENNON
(claimant's name)

192-A DEGRESS AVE, NE
(address)

ATLANTA, GEORGIA 30307
(city and state)

404.3105.1789, 404.6887473
(work number) (home number)

01-R-0762